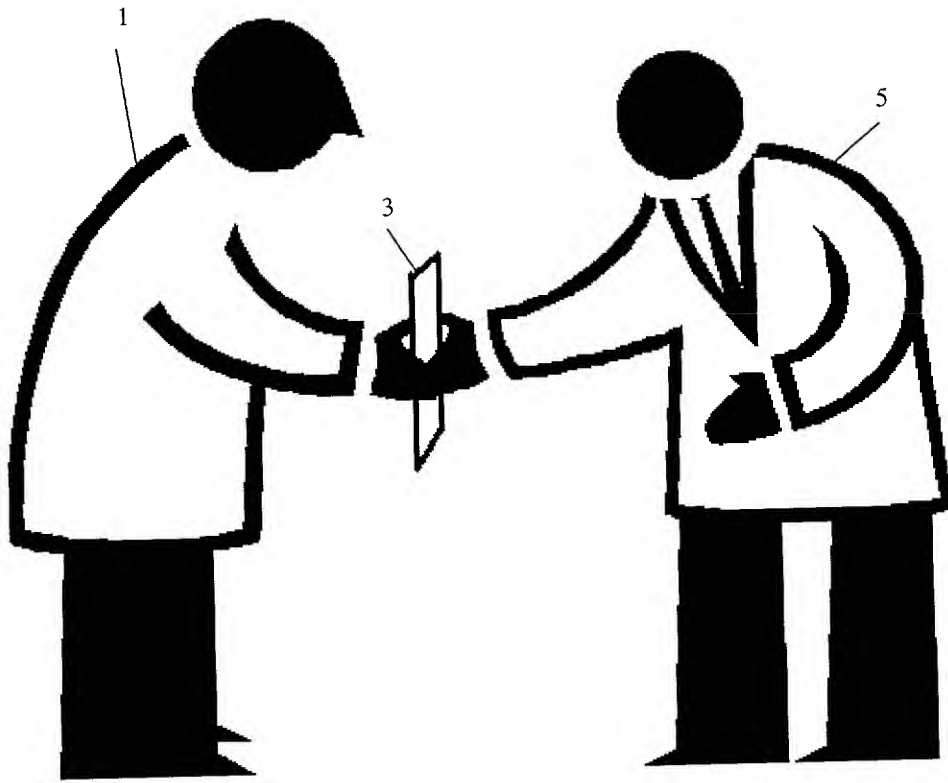


+

I/IX

Fig 1



+

3

### Personal and Family Histories

**Marking Instructions**  
 Use only the pencil provided.  
 Mark all items that apply to you.  
 Fill in the appropriate oval as follows:  
*Incorrect Mark*

**Tobacco Use**

How would you describe your cigarette smoking?

	Current	Previous	Never
If your answer is "Current", please fill in the year you started smoking.	Cross <input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If your answer is "Previous", please fill in the year you quit smoking.	Cross <input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cigarettes a day that you smoke (or did smoke):		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PLEASE PRINT YOUR LAST NAME

PLEASE PRINT YOUR FIRST NAME

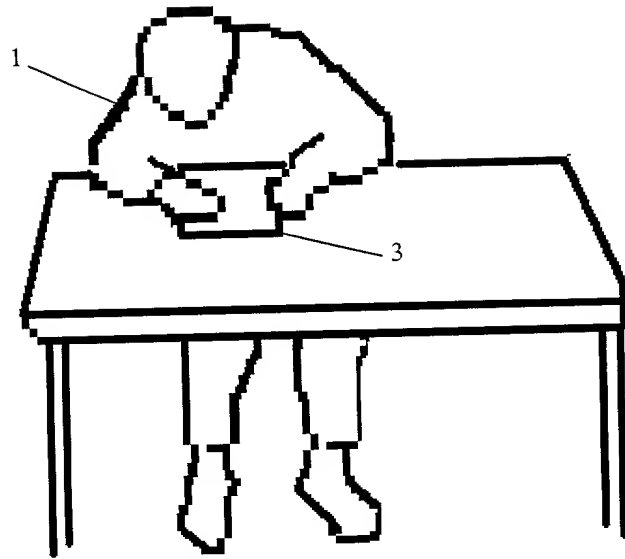
PLEASE PRINT YOUR DATE OF BIRTH

PATIENT SOCIAL SECURITY NUMBER

+

III / IX

Fig 3



+

+

IV / IX

Fig 4

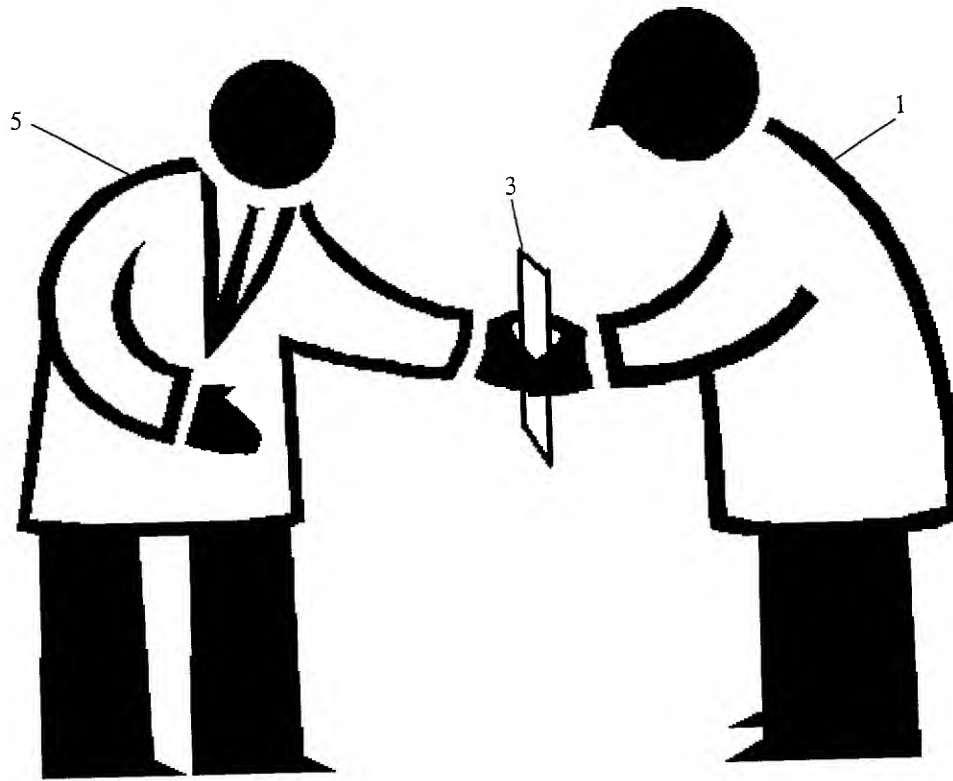


FIG. 4. A perspective view of the apparatus of FIG. 1, showing the two figures (1 and 5) interacting with the vertical rectangular object (3). The figures are shown in a simplified, stylized manner, with their heads and legs represented by solid black shapes. The object (3) is a thin, vertical rectangle held between the two figures.

+

+

V / IX

Fig 5

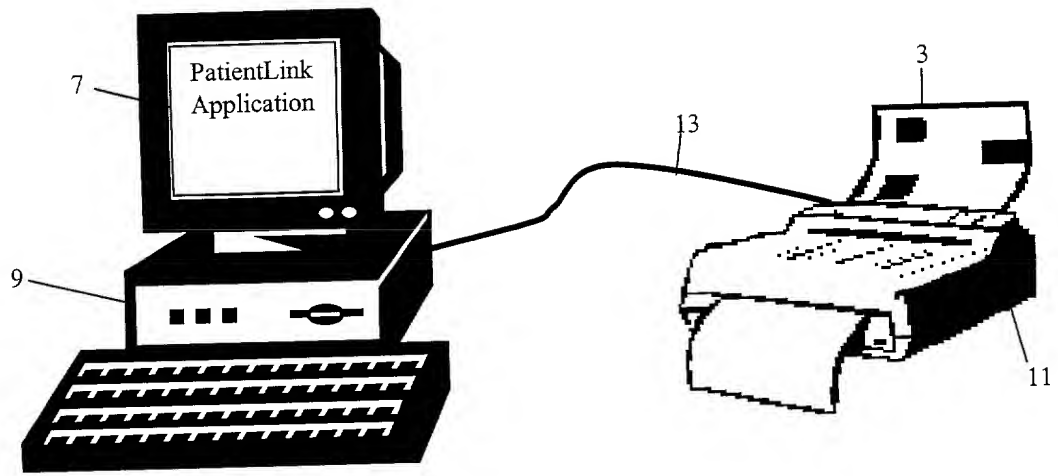


FIG. 5 is a side view of a person sitting at a desk and using a computer system. The person is labeled 5. The computer system includes a monitor labeled 7 and a base unit labeled 9. The person is sitting on an office chair. The desk is a simple rectangular surface.

+

+

Fig 6



+

Fig 7

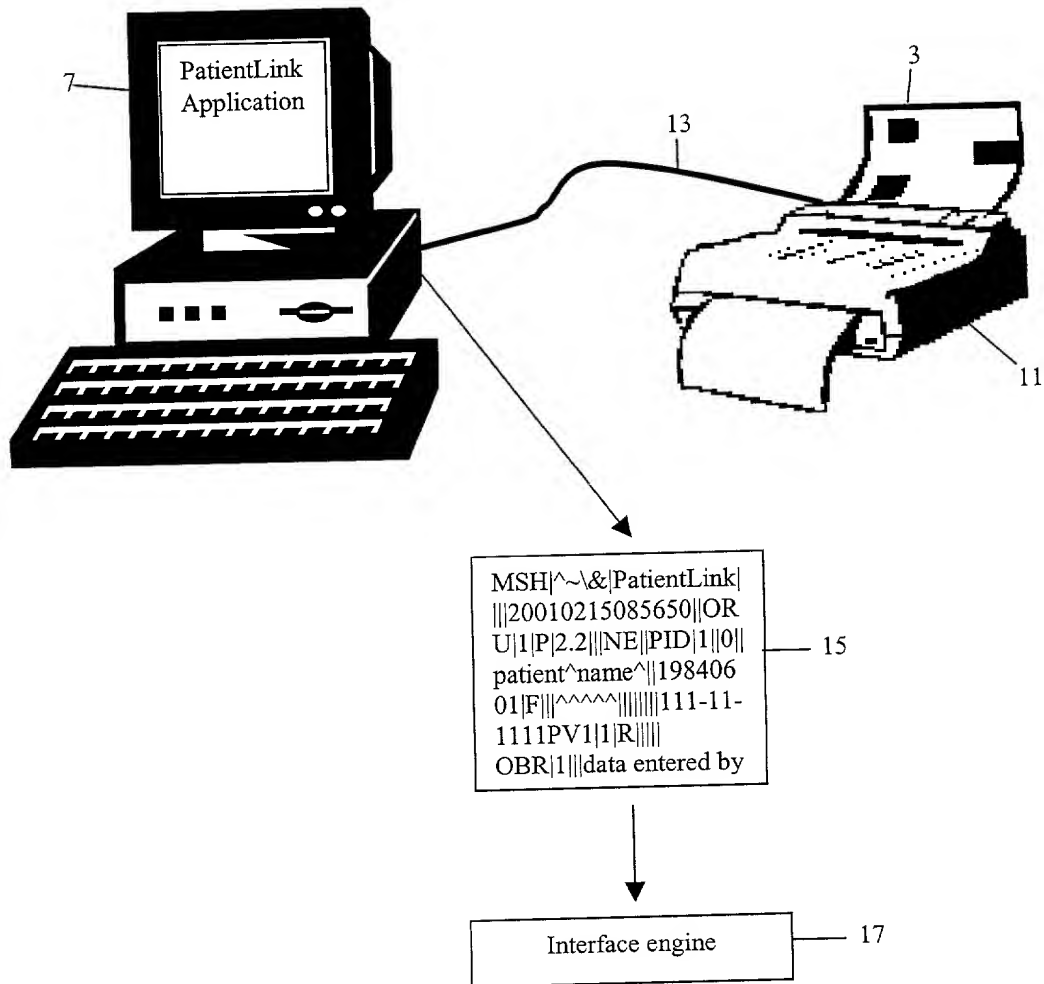


Fig 8

